

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57551

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: KAGAN, JUGAN & ASSOCIATES, P.A.

## Current Principal Place of Business:

2745 SWAMP CABBAGE CT  
P.O. BOX 7198  
FORT MYERS, FL 33901

## New Principal Place of Business:

## Current Mailing Address:

2745 SWAMP CABBAGE CT  
P.O. BOX 7198  
FORT MYERS, FL 33901

## New Mailing Address:

FEI Number: 59-2207264      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAGAN, JOHN CURRY, M.D.  
2745 SWAMP CABBAGE CT  
FT. MYERS, FL 33901      US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KAGAN, JOHN CURRY, M., .D.  
Address: 2745 SWAMP CABBAGE CT  
City-St-Zip: FT MYERS, FL

Title: T ( ) Delete  
Name: KNOX, CHARLES H.,  
Address: 2745 SWAMP CABBAGE CT  
City-St-Zip: FT. MYERS, FL

Title: D ( ) Delete  
Name: JUGON, MICHAEL M  
Address: 15810 RIVER BY ROAD  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: CURCIONE, PETER  
Address: 11971 ROSEMOUNT DRIVE  
City-St-Zip: FORT MYERS, FL 33913

Title: D ( ) Delete  
Name: GALANG, KENNETH J  
Address: 13998 REFLECTION LAKES DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete  
Name: MONSERRATE, PEDRO  
Address: 6800 STONEY RUN COURT  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JUGAN, MICHAEL M  
Address: 15810 RIVER BY ROAD  
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H KNOX

CFO

02/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date